

**Tier Two  
EMERGENCY  
AND  
HAZARDOUS  
CHEMICAL  
INVENTORY**

*Specific  
Information  
by Chemical*

**Facility Identification**

Name ALASKAN COPPER WORKS  
Street 3200 6<sup>TH</sup> AVENUE SOUTH  
City SEATTLE County KING State WA Zip 98134  
SIC Code 3498 Dun & Brad Number 00 925 5571  
WAD 980 738 546 UBI/DOR# 578-033-053

FOR  
OFFICIAL  
USE  
ONLY

ID # \_\_\_\_\_  
Date Received \_\_\_\_\_

**Owner/Operator Name**

Name BILL ROSEN Phone (206) 623-5800  
Mail Address PO BOX 3546; SEATTLE WA 98124

**Emergency Contact**

Name JAMES BROWN Title OPS MGR  
Phone (206) 623-5800 24 Hr. Phone (206) 399-3003  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone ( ) 24 Hr. Phone ( )

**Important: Read all instructions before completing form**

Reporting Period From January 1 to December 31, 2003

☒ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential)  Storage Locations	Optional
AS <u>007697 37</u> Trade Secret Chem. Name <u>NITRIC ACID - 10%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS HS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0 3</u> Avg. Daily Amount (code) <u>0 3</u> No. of Days On-site (days) <u>3 6 5</u>	A <u>1</u> <u>5</u> _____ _____ _____ _____	<u>3200 6<sup>TH</sup> Ave S - NE Corner of Main Shop</u> _____ _____ _____ _____	<input type="checkbox"/>
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I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through one and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

James Brown, Operations Manager  
Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

**Optional Attachments**

- ☐ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguards measures

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